

Spring 3-1981

Beacon Light: Spring 1981

St. Cloud Hospital

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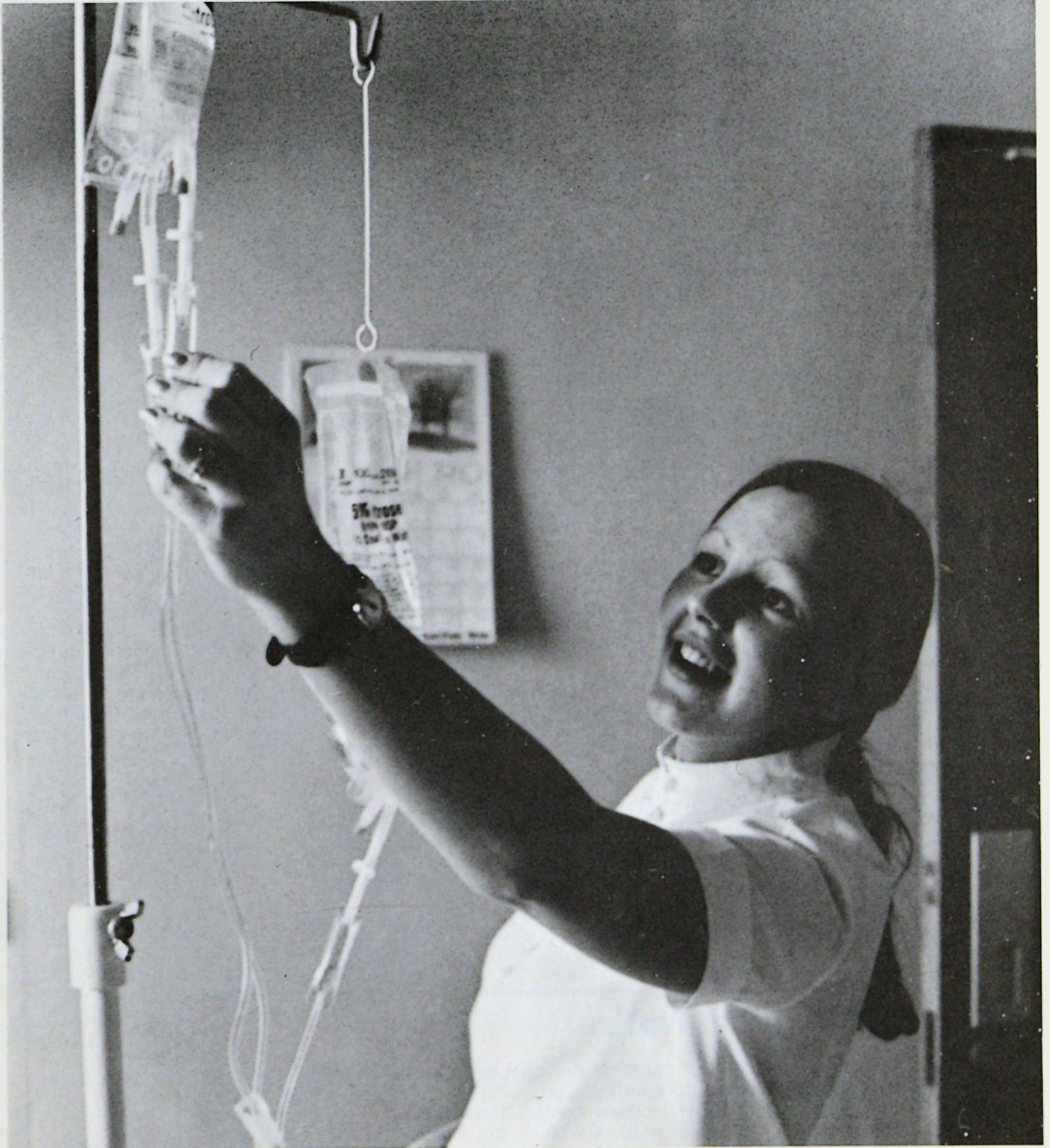
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Beacon Light

Volume XXVII|Number 9

Spring 1981



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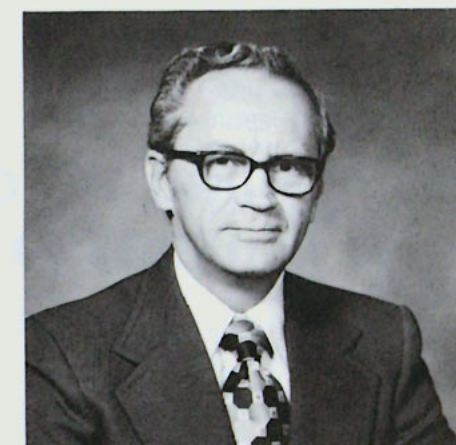
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Comment

By Gene S. Bakke
Executive Vice President



To anyone who has visited Saint Cloud Hospital during the past several months, the fact that we are engaged in extensive construction activity is very obvious. Almost everywhere one looks, there are holes being dug, concrete forms being put in place, bricks being laid and the myriad of other activities that go along with construction.

Together with the building process, of course, comes the noise, the mess and the inconveniences that always accompany the work. Things typically become worse before they become better. It affects everyone—patients, employees, doctors, volunteers, visitors—anyone who has occasion to visit the hospital for any reason.

It would be wonderful if progress could be made without the irritations and frustrations that go hand in hand with the building program. But if we are to change and grow in response to patient and community needs, we must be prepared to make the

sacrifices necessary to achieve that goal.

Growth and change is a characteristic of a free society. Both have strong roots in the Christian commitment to improve the human condition by serving more people in better ways—to build a better world. As a Catholic hospital, we are committed to those concepts. Our purpose is to meet the needs of patients in a climate that recognizes the dignity and worth of the whole person.

If we can look beyond today's noise and dust to the time when the project will be completed—when we will be able to serve more patients in better ways—it may be easier to tolerate the inconveniences we must put up with. Two years is a long time, but with patience and understanding on the part of everyone, the benefits to the patients we are here to serve will surely exceed any sacrifice we might be asked to make.

Important Notice!

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Blood ...

Something we can all share with those who need it desperately

Blood is something we all take for granted. Yet without it, none of us could survive. Many people never need additional blood during their lifetime. Many others do.

People need blood for a variety of reasons: to fight infection, to control bleeding, or to treat shock or anemia. And these are only just a few examples.

One little boy in Central Minnesota needs blood on an ongoing basis. Bobby Stavrum, a ten-year-old Clearwater, MN, resident, has hemophilia, an incurable disease that requires its victims to learn to live with their illness.

Hemophilia is an inherited condition that is characterized by a tendency to bleed excessively from bruises and minor injuries.

Bobby's blood is lacking a substance called factor VIII, a clotting factor derived from plasma. To stop bleeding, Bobby receives a concentrated form of factor VIII called cryoprecipitate, which is separated from plasma through a cooling process. Cryoprecipitate is approximately one-fiftieth the volume of whole blood; therefore, transfusions no longer mean large quantities of fluid, or a strain on the circulatory system.

Bobby's disease was discovered when he was only sixth months old. A small bruise on his calf had developed into a severely swollen leg.

Coping with the diagnosis was difficult for Bobby's parents. "We were shocked when physicians diagnosed hemophilia," said Beverly, Bobby's mother. "The guilt we felt was very severe—and I hated the thought of producing a child who wasn't normal."

But Bobby leads a fairly normal life, though growing up has been difficult. He enjoys playing all sorts of games as other children do; and cuts, scrapes, bumps and bruises are normal occurrences during the early years. For Bobby, even minor injuries can turn into a serious emergency.

When Bobby has needed treatment in the past, it required a trip to the Hospital for all transfusions. For a youngster, this meant a half day trip into town and back, and an experience in unfamiliar surroundings.

Technology has now made it possible for Bobby to treat himself. Bobby and his parents have been trained to give cryoprecipitate injections at home, whenever he needs them. Cryoprecipitate injections are frozen and stored in the

Stavrum's freezer. Their freezer is stocked with an average of 18 to 30 units of cryoprecipitate at all times, which they order from St. Cloud Hospital's blood bank.

"Treating Bobby at home is much easier on all of us," said Beverly. "We can administer his medication faster by eliminating the trip into St. Cloud, and the familiar home setting also makes the whole experience more bearable."

The need for treatment is often unpredictable. In many cases, Bobby does not recall any injury or fall that might have caused swelling. Sometimes, normal activity can cause bleeding. When that occurs, Bobby receives an average dose of at least six units of cryoprecipitate.

Because of these technological advancements, Bobby has only



The Stavrum's administer the cryoprecipitate to Bobby right at home. They admit that the procedure was difficult at first, but appreciate the fact that treatment can be given at home, rather than involving a long trip into town. Frozen units of cryoprecipitate are stored right in the Stavrums' freezer.



Bobby occasionally needs the support of crutches when a joint injury makes it too painful for him to walk.

been admitted to the St. Cloud Hospital once in the past one and one half years.

Bobby leads a fairly active life, despite recommendations to limit his activities. He enjoys baseball, soccer and football and just last summer attended a camp in Michigan designed strictly for hemophiliacs.

Bobby has been encouraged to take up less strenuous hobbies, and collects baseball and football cards, aluminum cans and model cars.

In order to treat Bobby and others like him, it takes blood donations—from people like you. Approximately three percent of the American public has donated blood, yet 99 percent of all people who live to the age of 72 will need blood at least once in their lifetime.

Thanks to modern technology, a single pint of blood may be shared by five or six patients. Blood is separated into its components: red cells, white blood cells, platelets and plasma, each person receiving only the part of the blood they need.

Red cells are used to treat anemic patients; plasma is used to treat patients who have bleeding tendencies during surgery; platelets are used to control bleeding for patients whose bone marrow produces inadequate numbers of platelets; and

white blood cells are used to fight bacteria and viruses.

Giving is easy. Anyone between the ages of 17 and 66 who is healthy and weighs more than 110 can easily give blood. It takes less than an hour to share your medical history and a pint of blood.

St. Cloud Hospital is served by the St. Paul Regional Red Cross Blood Service. Periodically, blood-mobiles are conducted throughout the region, giving blood donors the opportunity to give, and give again.

Sharing blood is a matter of life or death to thousands of surgical patients, accident victims and people suffering from anemia, hemophilia and leukemia. These patients depend on you. Blood, it's one of the nicest gifts you can give.



Bobby Stavrum enjoys many hobbies, which include his baseball and football card collection and his two cats.

Occupational therapy . . . regaining independence

Recovering from a debilitating disease or a crippling injury does happen - and it happens every day, to children and adults. In order for this to happen, these people must have hope, courage, desire, and the support of a team of trained health professionals to help them through the rehabilitation process.

The "team approach" to rehabilitation offers specialized services to patients in a combined effort to provide the most modern, up-to-date medical care available. This "team", comprised of physical therapists, speech pathologists, occupational therapists, social service workers and nursing staff work together to help people get the most out of their lives.

St. Cloud Hospital's Occupational Therapy department is one unit of the Hospital's health care "team", providing a multitude of services to both inpatients and outpatients in Central Minnesota.



The Hospital's Occupational Therapy area houses a shop where patients can learn many crafts and other skills such as weaving or woodworking.

"This multi-faceted discipline focuses on helping people use all of their abilities in order to regain or develop maximum independence in their living situations," said Donna Revier, Chief Occupational Therapist at St. Cloud Hospital. "Our patients have a wide variety of illnesses and injuries. Many of them have suffered a stroke, received head or spinal cord injuries or have arthritis or multiple sclerosis", said Revier. "We are concerned with each patient's individual needs. Our patients' lifestyles may change dramatically after their disability, and we try to help them become as self-sufficient as possible."

Therapists help these patients to increase their skills and abilities, to care for themselves and also to increase their active movement, strength and coordination.

"We are involved in strengthening and promoting active motion in muscles to help patients perform a task", said Revier. "When muscle power is so low that a task cannot be accomplished, the therapist obtains or constructs a device that helps the patient use the power he has to complete the task. If muscle power is absent, alternate methods of task completion are devised. For example, if a right-handed person has lost movement of his right hand, therapists train the patient to use his left hand.

Stroke patients who no longer have full use of both arms may continue to feed and dress themselves, brush their teeth, use the telephone, etc.

Occupational therapists work with patients in grooming, dressing, feeding and other daily living skills needed to help them function as independently as before their illness or injury. Often therapists must be creative and devise new techniques for an old skill.



Occupational therapists develop craft projects to help patients learn or relearn motor skills that will help them to function in society.

That might include "inventing gadgets" for holding silverware, a toothbrush, or to aid in putting on socks. A patient with limited movement adapts alternative methods for performing the skills we often take for granted.

"If a specific task is too difficult for the patient, we often break the task down into components and work with the patient until he can accomplish one portion of it," said Revier. "We gradually add the parts together as the patient progresses".

Therapists also construct slings, splints and other positioning devices for affectual parts of the body when needed.

"We have been very creative with splinting", said Donna. "The therapists have to evaluate each patient's problem and determine the proper devices that will help them return to a normal, productive life".

Occupational therapists also work with persons having special sensory problems, but no motor function difficulties. For example, therapists help teach blind patients to organize their living situations, and teach them ways to substitute visual stimuli with auditory (hearing and tactile (touch) stimuli.

When working with patients from the Mental Health Unit and the Alcohol and Chemical Dependency Units, therapists are primarily concerned with behavior and mental processes, rather than motor functions. Therapists focus

on decision-making and concentration skills, and help patients deal with reality, societal factors and daily living activities.

Physical rehabilitation patients are treated on both an in-patient and out-patient basis. Out-patients include adults and children who live at home but need additional therapy to further increase their functional ability.

Most of the children seen by occupational therapists are out-patients. Many of these children have cerebral palsy, or are delayed in motor or sensory development. In many cases, the

therapists involve the parents in the therapy, so they may help the child more effectively at home.

"Patients in the newly-developed cardiac rehabilitation program complete a series of graded conditioning exercises and work activities to help them recover from heart attacks or other heart disorders", said Revier. "As the patient progresses, the prescribed exercise is gradually increased".

"It is very rewarding to see others learning to help themselves and become independent", said Revier. "That is our ultimate goal".

Service with a smile . . .

For Mary Lou and Phyllis Tadych, volunteering gave them the opportunity to become involved in a worthwhile organization and gave them the chance to work together and become friends.

The two sisters-in-law are volunteers in the Hospital's Gift Shop, where they work together one evening a week. Before they joined the Volunteer Department six years ago, they saw very little of each other.

"We went to the same grade school," said Phyllis, "and we started dating and eventually married brothers. But we never really spent much time together or took the time to get to know each other.

"One day Mary Lou called up and asked me if I would like to volunteer at the hospital. I agreed to try it and have been here ever since."

They both joke about volunteering being "their therapy" because they claim to put their problems aside when they meet smiling faces.

"The Hospital is such a happy place," beams Mary Lou. "I can come to work feeling low and immediately I feel better, just because of the people and the friendly atmosphere."

While both Mary Lou and Phyllis find that volunteering helps them, they also feel that they have a lot to offer people here.



"We believe that our cheerfulness and happiness rubs off on the people we come in contact with," said Mary Lou. "We both enjoy working together in the Gift Shop, and we enjoy helping people."

"We try never to be absent from our volunteer work unless it's an emergency," said Phyllis. "We really want to come to work. It's almost like home to me."

Phyllis has also worked parttime in the Hospital Coffee Shop for the past four years and says that she hopes nothing will ever keep her from working there.

"I really treasure my job," she says. "I have the best boss in the

world, and I love the people I work with."

Mary Lou volunteers two days a week and is in her second term as secretary of the Auxiliary Board.

"Both Mary Lou and Phyllis are very dedicated," said Barbara Brown, Volunteer Director. "It is very rewarding to see so many of our volunteers give service willingly to others. These people are busy people. They have families, jobs and other commitments, yet they find the time to share their talents. They help make our hospital the warm, friendly place it is."

Surgical advancements

Argon laser installed, presently used for our microsurgery



The Spectra-Physics argon laser has the capability to be used in many other surgical applications in the future.



Physicians make their final preparations before beginning the laser stapedotomy.

Laser surgery is a recent innovation in the field of medicine. Laser is an acronym for Light Amplification by Stimulated Emission of Radiation, a principle of energy developed over 50 years ago.

St. Cloud Hospital has recently purchased an argon microsurgical laser which has been installed in the Hospital's operating suites. The argon laser is a technological advancement that allows surgeons to perform very precise surgical procedures. This laser utilizes argon gas in the generation of the light beam. The gas emits a beam of light when electrical voltage is applied to it; this beam of light can be used to vaporize tissue.

Gerald Jurgens, M.D. Otolaryngologist, head and neck surgeon

at St. Cloud Hospital, became interested in the laser's capabilities as a surgical instrument approximately two years ago. Jurgens is one of the chief investigators involved in the research program designed to analyze the argon laser. For the past ten years, the argon laser has been used in eye surgery to treat retinal detachment. Its use in ear and soft tissue surgery is a new application of its principles.

Presently, only eight hospitals in the United States are using the argon laser. St. Cloud Hospital has the only argon laser in Minnesota.

The laser beam is generated in the operating room and transmitted through a fiber optic cable to a microscope which the surgeon uses to observe the body tissue to be vaporized. After the surgeon aims the laser, he then releases the light beam into the surgical site.

The argon laser at St. Cloud is being used for stapedotomies, a delicate ear surgery that restores hearing loss caused by otosclerosis. Otosclerosis is a disease that produces a loss of hearing by fixing or immobilizing the footplate of the stapes bone in the inner ear. The growth of bone around the stapes bone blocks its movement so that it is no longer free to vibrate effectively in response to sound pressure. A stapedotomy involves removing the stapes bone and inserting a prosthesis (substitute).

When used in stapedotomies, the argon laser (made by Spectra-Physics, Mountain View, California) allows the surgery to be accomplished with less inner ear disturbance. Tissue swelling and scarring are minimal and bleeding is lessened because of the laser's ability to cauterize blood vessels.



Dr. Jurgens performs the laser stapedotomy with the aid of microscope.

A patient at St. Cloud Hospital who recently underwent a stapedotomy had very positive results. A post-operative examination within six hours of surgery indicated that the patient was already eating and resting comfortably, where following her prior stapedotomy (using conventional surgical instruments) she experienced nausea, dizziness and vomiting during the first 24 hours.

Jurgens describes the laser as

a very sophisticated knife that can be used to cut or vaporize many different kinds of tissue. In the stapedotomy procedure it is used to vaporize bone and some soft tissue. The laser can also function as a knife to vaporize or cut other soft tissue in the body.

In France it has been used to control gastric bleeding through the fiber optic gastroscope, and is also useful in treating some dermatologic problems such as

hemangiomas (a benign tumor made up of new-formed blood vessels). In fact, it probably is the best method for the treatment of the port wine stain.

In the future, gynecological surgeons may use this instrument to assist in managing certain cervical disease problems. As laser technology continues to improve, lasers will be seen in more and more surgical applications.

The Chaplain's Corner

By S. Georganne Burr, Catholic Chaplain



"Gathered Reflections"

Having problems? Pray:

God grant me
SERENITY to accept the things I cannot change
COURAGE to change the things I can and
WISDOM to know the difference.

Feeling lonely? Remember:

Loneliness and unhappiness are born in the recesses of our own selfishness.

Who, then, is the loneliest one? It is the person who is not at home with his own thoughts, the one who is alien to his own feelings, the one who is a stranger to himself—he is the loneliest person of all.

—Arthur Jersild

Having an identity crisis? Realize:

What we think usually makes us what we are.

Feeling bored? Be aware that:

Ideas breathe in solitude.

Too busy? Wisdom says:

Our life has many modes. We cannot live them all because we do not have time. So we make a choice — a particular vocation, wife, friends, hobbies — of available modes. As we emphasize one mode of living, others will fade out and become less important.

Fear death? Know that:

Death is not something that happens to us but a person who is met. We will not be afraid of this beautiful experience that awaits us if we are not afraid of God.

Gifts and Memorials

Three major memorial funds have recently been established at St. Cloud Hospital by the Hospital's Development Council. These memorials have been named the Ed Stockinger Memorial, the Mary Linn Knevel Memorial and the Joseph B. Gaida, M.D. Memorial. Gifts donated to these special memorial funds will be designated for specific projects according to the families' wishes.

Funds have been developed for the following projects:

Critical Care (Intensive and Cardiac)

Hospice Program

Oncology

Alcohol and Chemical

Dependency Treatment

Pediatrics

Ophthalmology

The Development Council

gratefully acknowledges contributions to the Development Fund from the following individuals, families and businesses, received between June 1, 1980 and August 31, 1980.

*\$100-\$499

**\$500-\$999

***\$1,000 and above

Memorials

MARY LINN KNEVEL MEMORIAL FUND

Mr. & Mrs. Harry Knevel

In memory of Anton Wolff
Roy Hoffman
Jim Borck
Herb Buttweiler
A. Pfannenstien, Sr.
Kevin Reber

STOCKINGER MEMORIAL

Elinda Laubach*
Stockinger Company*
Marge Koch

JOSEPH B. GAIDA, MD MEMORIAL

Anonymous Donation
Mr. & Mrs. Dennis Dilyard
Michael Gaida
Michelle Gaida
Mr. & Mrs. William Gray
Mr. & Mrs. Robert Reeder

Special Projects

HOSPICE PROGRAM

Walter Rieder
In memory of Babe Rieder

General Development

Connie Moline

In memory of J. Bergquist
E. Rothstein
G. Fillenworth
R. Smith
J. Borck
F. Loehrer
Mrs. J. Perkins

St. Joseph Jaycees

To be used for equipment in Occ. Therapy
Mr. & Mrs. L.V. Boyum
In memory of S. Herberta Klein

Auxiliary Remembrance Fund

Cardiac Care

In memory of:

Michael Hengel
by Agnes B. Kosel
James Borck
by Agnes B. Kosel
Aloys Pfannenstien
by Herb and Darlene Bechtold

Cancer

In memory of:

Cyril N. Weisser
by Herb and Darlene Bechtold
Allen Stanger
by Herb and Darlene Bechtold

Greatest Need

In memory of:

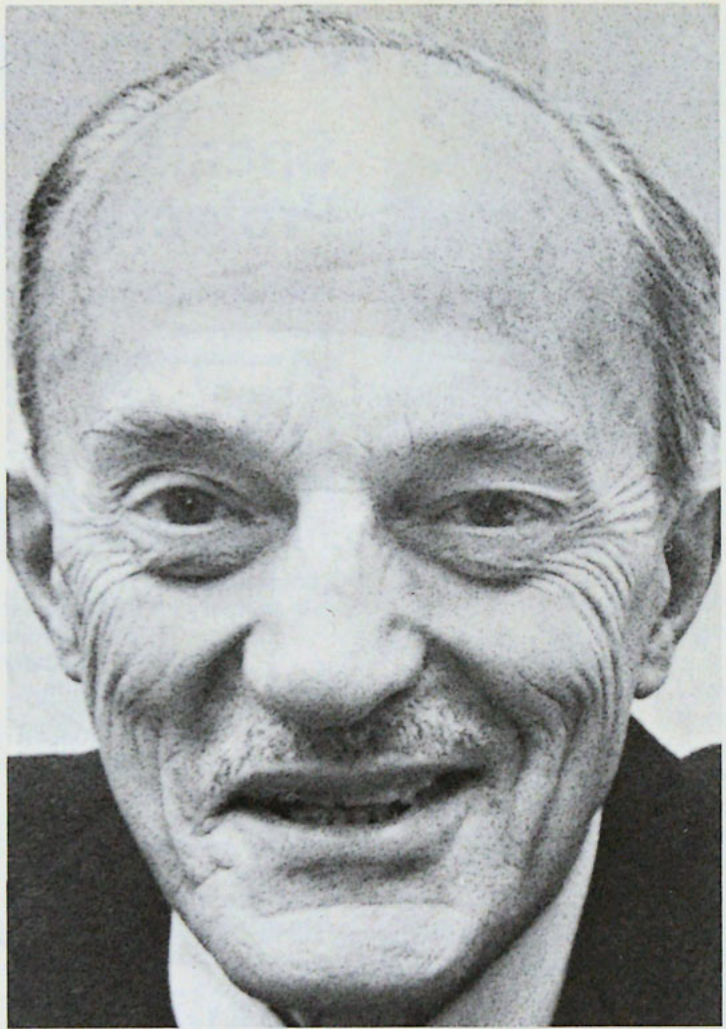
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Mrs. Frank Molus
Mr. & Mrs. Joe Bechtold
William Pfannenstien
by Ray Pfannenstien
Tony Wolf
by Tony Wolf Family
Aloys Pfannenstien
by Agnes B. Kosel
by Mr. & Mrs. Al Seifert
by Mr. & Mrs. Al Pflipsen

Other Interest

In memory of:

Mr. and Mrs. George Molus
by Mrs. Peter E. Foss

In Memoriam



W. T. Wenner, M.D.

All members of the Hospital family express their deepest sympathies to the family and friends of W.T. Wenner, M.D., Ophthalmologist, who passed away April 14. Dr. Wenner had been an active member of the Hospital Staff since 1928.

Wenner, a lifelong resident of Central Minnesota, graduated from the University of Minnesota Medical School in 1926. He completed internships at Asbury Hospital in Minneapolis in 1925 and at Ancker Hospital in St. Paul, MN in 1925-26. His residency was completed in Ophthalmology in 1929 at the University of Illinois.

Wenner completed his post graduate education work at the New York Eye and Ear Infirmary and studied at the University of

Vienna in 1931-32.

He has also served as a consultant for the Veterans Administration Medical Center in Ophthalmology and Otolaryngology.

Wenner was a member of the Stearns / Benton Medical Society, the Minnesota State Medical Association, the American College of Surgeons, the PAN-American Academy of Ophthalmologists and the Minnesota Academy of Ophthalmologists. He was also a charter member of the St. Cloud Lions Club and the chapter's only life member of Lions International.

He is survived by his wife Louise, and five children, Walde-mar H., Catherine Held, Elizabeth Steil, Joe and Paul.

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St. Cloud Hospital 1406-6th Ave. North St. Cloud, MN 56301